DO NOT WRITE IN THIS SPACE
FILING FEE PAID: _____
RECEIPT NO. _____CASE NO._____

CITY PLANNING & ZONING COMMISSION
P.O. BOX 1971
AMARILLO, TX 79105-1971

PETITION FOR REZONING

I REQUEST THE REZONING OF LOT(S) _____ BLOCK(S)_____ OF _____ ADDITION, OUT OF SECTION _____, BLOCK _____, _____ SURVEY, FROM _____ ZONING TO _____ ZONING FOR _____.

EXPLANATION TO APPLICANT:
This is your petition to the Planning & Zoning Commission for its recommendation to the City Commission concerning the property you wish to have rezoned. It will be placed on the agenda of a regularly scheduled meeting of the Amarillo Planning & Zoning Commission (2nd and 4th Monday of each month). The petition must be processed as follows:

1. Petition and required filing fee of $300.00 (+ $10.00 per acre if more than 1) must be submitted to the Planning Department office, Room 206, City Hall, 509 East Seventh Avenue.

2. Before the petition is accepted, the Planning Department staff will review the application with the applicant. If the application is in proper order, the Planning Department staff will inform the applicant of the date for the public hearing consideration of the petition by the Planning and Zoning Commission.

Notice of Public Hearing of your petition will be published and otherwise distributed as required by law. The applicant or his representative must be present at all hearings to answer any questions concerning the application.

Following consideration by the Planning & Zoning Commission, one of the following actions will be taken:

(a) Deny proposed rezoning
(b) Continue the public hearing pending further study
(c) Approve and recommend to the City Commission

If approval is recommended, two public hearings will be held before the City Commission, with the first public hearing normally held 8 days after the Planning and Zoning Commission hearings.

Applicant understands that if a permit is issued, then all provisions of the City ordinances and state laws must be complied with whether herein specified or not.

_____	_____	_____
SIGNATURE OF OWNER(S)	ADDRESS CITY STATE ZIP	TELEPHONE NO.

THE FOLLOWING IS TO BE COMPLETED <u>ONLY</u> IF PERSON(S) OTHER THAN THE OWNER IS/ARE MAKING THIS APPLICATION .

I, _____ DO HEREBY CERTIFY THAT I AM AUTHORIZED TO ACT FOR

_____, OWNER OF THE ABOVE-NAMED PROPERTY IN MAKING THIS APPLICATION.

_____	_____	_____
SIGNATURE	ADDRESS CITY STATE ZIP	TELEPHONE NO.

STATE OF _____
COUNTY OF _____

Before me, the undersigned, a notary public in and for said county and state, on this day personally appeared known to me to be the person whose name is subscribed to the foregoing petition, and acknowledged to me that he executed the same for the purpose therein expressed.

_____

NOTARY PUBLIC IN AND FOR _____COUNTY

PLANNING DEPARTMENT TELEPHONE 806\378-4223